

TRANSCRIPT ORDER

Please Read Instructions:

| | | | | | | |
|---|--|-------------------------------------|-----------------------------------|---|------------------|--|
| TRANSCRIPT ORDER | | | DUE DATE: | | | |
| 1. NAME Luis E. Saucedo | | | 2. PHONE NUMBER (202) 598-0482 | | | |
| 4. DELIVERY ADDRESS OR EMAIL luis.e.saucedo@usdoj.gov | | | 5. CITY Washington | | | |
| 8. CASE NUMBER USDC 12-cv-2039 | | 9. JUDGE Francisco A. Besosa | | DATES OF PROCEEDINGS | | |
| | | | 10. FROM 8/23/2022 | | 11. TO 8/23/2022 | |
| 12. CASE NAME United States v. Commonwealth of Puerto Rico | | | LOCATION OF PROCEEDINGS | | | |
| | | | 13. CITY San Juan | | 14. STATE PR | |
| 15. ORDER FOR <input type="checkbox"/> APPEAL <input type="checkbox"/> CRIMINAL <input type="checkbox"/> CRIMINAL JUSTICE ACT <input type="checkbox"/> BANKRUPTCY <input type="checkbox"/> NON-APPEAL <input checked="" type="checkbox"/> CIVIL <input type="checkbox"/> IN FORMA PAUPERIS <input type="checkbox"/> OTHER | | | | | | |
| 16. TRANSCRIPT REQUESTED (Specify portion(s) and date(s) of proceeding(s) for which transcript is requested) | | | | | | |
| PORTIONS | | DATE(S) | | PORTION(S) | DATE(S) | |
| <input type="checkbox"/> VOIR DIRE | | | | <input type="checkbox"/> TESTIMONY (Specify Witness) | | |
| <input type="checkbox"/> OPENING STATEMENT (Plaintiff) | | | | | | |
| <input type="checkbox"/> OPENING STATEMENT (Defendant) | | | | | | |
| <input type="checkbox"/> CLOSING ARGUMENT (Plaintiff) | | | | <input type="checkbox"/> PRE-TRIAL PROCEEDING (Specify) | | |
| <input type="checkbox"/> CLOSING ARGUMENT (Defendant) | | | | | | |
| <input type="checkbox"/> OPINION OF COURT | | | | | | |
| <input type="checkbox"/> JURY INSTRUCTIONS | | | | <input checked="" type="checkbox"/> OTHER (Specify) | | |
| <input type="checkbox"/> SENTENCING | | | | Status Conference | 8/23/2022 | |
| <input type="checkbox"/> BAIL HEARING | | | | | | |
| 17. ORDER | | | | | | |
| CATEGORY | ORIGINAL (Includes Certified Copy to Clerk for Records of the Court) | FIRST COPY | ADDITIONAL COPIES | NO. OF PAGES ESTIMATE | COSTS | |
| ORDINARY | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | NO. OF COPIES | | | |
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| HOURLY | <input type="checkbox"/> | <input type="checkbox"/> | NO. OF COPIES | | | |
| REALTIME | <input type="checkbox"/> | <input type="checkbox"/> | | | | |
| CERTIFICATION (18. & 19.) By signing below, I certify that I will pay all charges (deposit plus additional). | | | | ESTIMATE TOTAL | 0.00 | |
| 18. SIGNATURE s/Luis E. Saucedo (G01613) | | | | PROCESSED BY | | |
| 19. DATE 10/5/2022 | | | | PHONE NUMBER | | |
| TRANSCRIPT TO BE PREPARED BY | | | | COURT ADDRESS | | |
| ORDER RECEIVED | | DATE | BY | | | |
| DEPOSIT PAID | | | | DEPOSIT PAID | | |
| TRANSCRIPT ORDERED | | | | TOTAL CHARGES | 0.00 | |
| TRANSCRIPT RECEIVED | | | | LESS DEPOSIT | 0.00 | |
| ORDERING PARTY NOTIFIED TO PICK UP TRANSCRIPT | | | | TOTAL REFUNDED | | |
| PARTY RECEIVED TRANSCRIPT | | | | TOTAL DUE | 0.00 | |

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